

Name
in
Full

Henry Bants

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Birthplace	
Father's Name	Unknown		
Mother's Maiden Name	Millie Bants	Unknown	
Name of person giving information	Isaac H. Giles		

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary

Aquamous Epitheliosis of tongue

Immediate

Simple exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

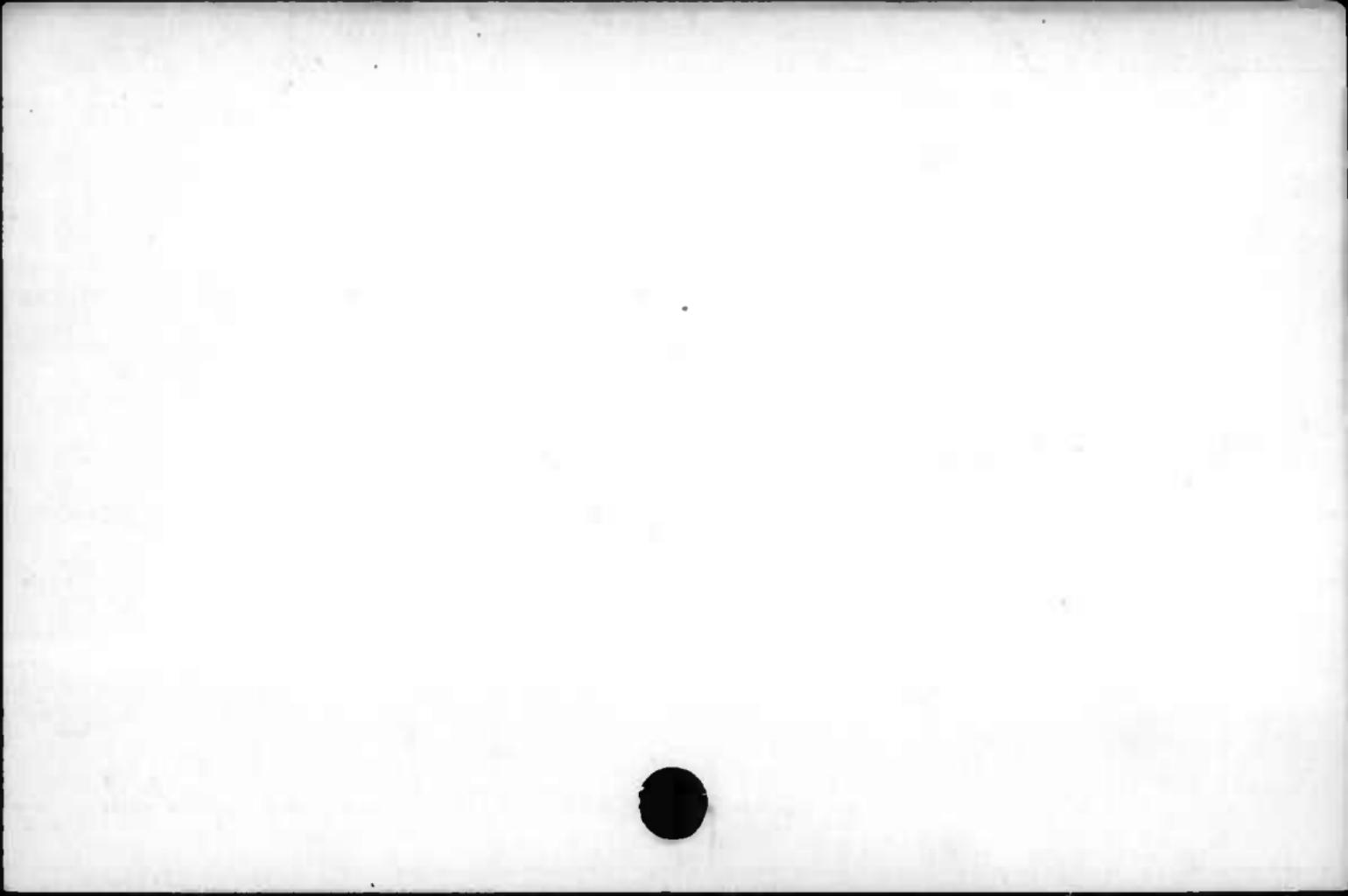
Address

Wexley P. Reynolds, M.D.

Cambridge

Md.

Accident or Suicide?



Name
in
Full

Linda Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Secretary	County Dorchester	MARYLAND
Date of death	Month 1906	Day 5	Years 23
Sex	female	Color Race	Months
Occupation	House Girl	Where Residing if not at place of death	Days
Married, Single or Widowed	Married	Name of Writer	
Father's Name	George Banks	Father's Birthplace	Dorchester
Mother's Maiden Name	Mary Jackson	Mother's Birthplace	
Name of person giving Information	George Banks	How related to deceased	Father

PHYSICIAN
OR CORONER

Primary

16

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Peritonitis

How long

in 3 days

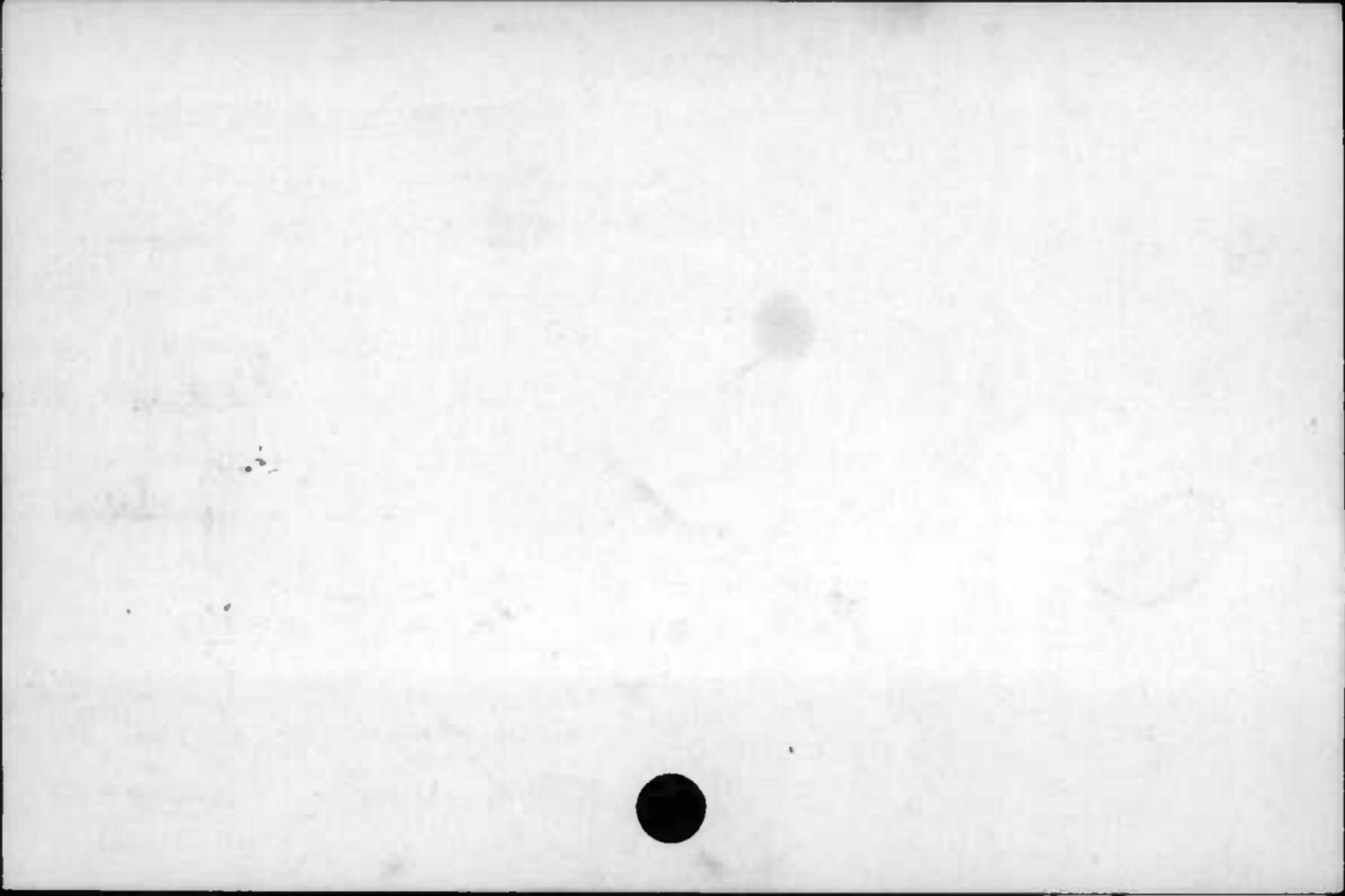
How long

Accident or Suicide?

Signature of
Physician

Address

Abayard
East Newmarket



Name
in
Full

Rowena Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month May	Day 5	Years 75	Months	Days
Sex	Female	Color or Race	Caucasian		Birth-place	New York
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Levrett Barnes			
Father's Name	Martin Ruggles				Father's Birthplace	Conn.
Mother's Maiden Name					Mother's Birthplace	-
Name of person giving Information	Wm. B. Barnes				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Stenosis* (19) How long 1 yr.

Immediate *Cardiac Paralysis* How long 1

Are the name, age, sex, color, date and place correctly given above?

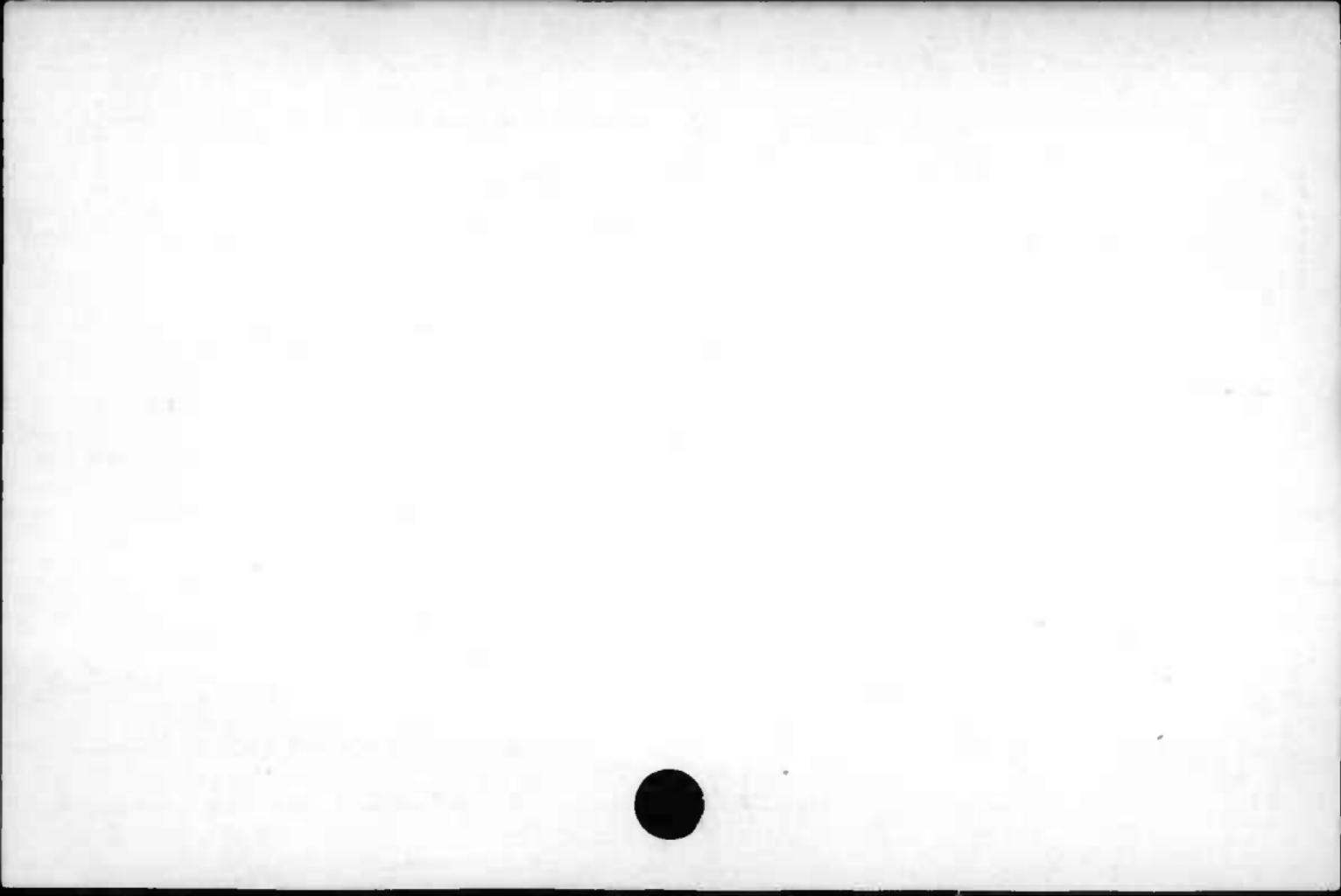
Yes

Signature of Physician

Address

Dr. F. Shriver Jr.
Taylor's Island
Md.

Accident or Suicide?



Name
in
Full

Wm. Brice Beckwith

CERTIFICATE OF DEATH

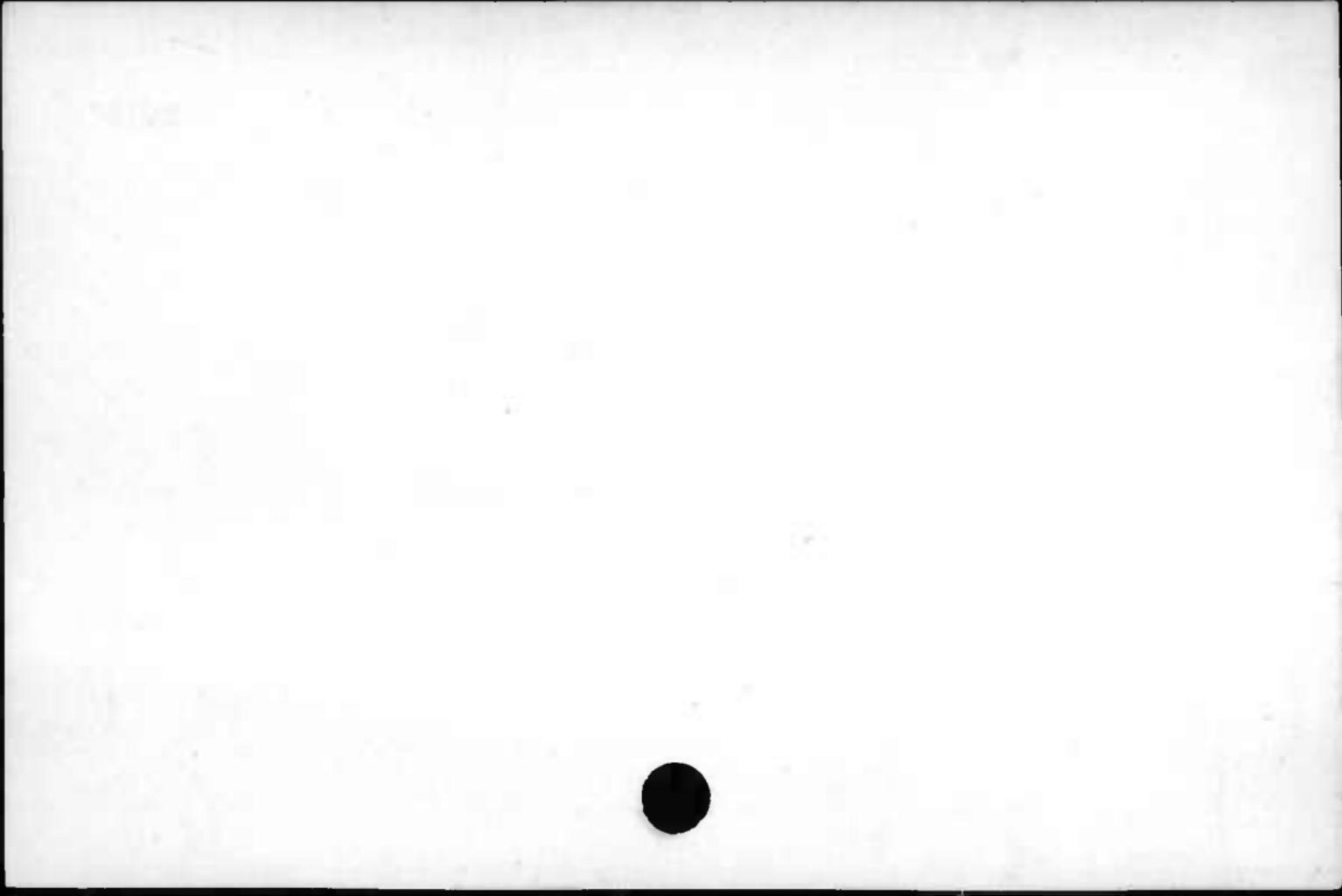
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	75	-
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Emily Williams		
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving Information	Oscar Beckwith				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tubular Heart trouble		How long	2 yrs
Immediate	Hypertension		How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. F. Maguire	
		Address	Hurlbuck	
Accident or Suicide?				



Name
in
Full

Francis A. Bromwell

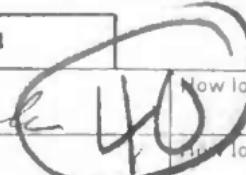
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Madison	County Dorchester	MARYLAND		
Date of death	Month May	Day 10 th	Years 62	Months 5	Days 8	
Sex Male	Color or Race White	Birth-place Dor. Co. Md.				
Occupation Carpenter	Where Residing if not at place of death —					
Married, Single or Widowed Single	Name of Wife or Husband James Bromwell	Single				
Father's Name James Bromwell	Father's Birthplace Dor. Co. Md.					
Mother's Maiden Name Mary A. Vizton	Mother's Birthplace Dor. Co. Md.					
Name of person giving Information Robert E. Bromwell	How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of the Stomach  How long
8 months

Immediate HæmorrhageAre the name, age, sex, color, date
and place correctly given above?

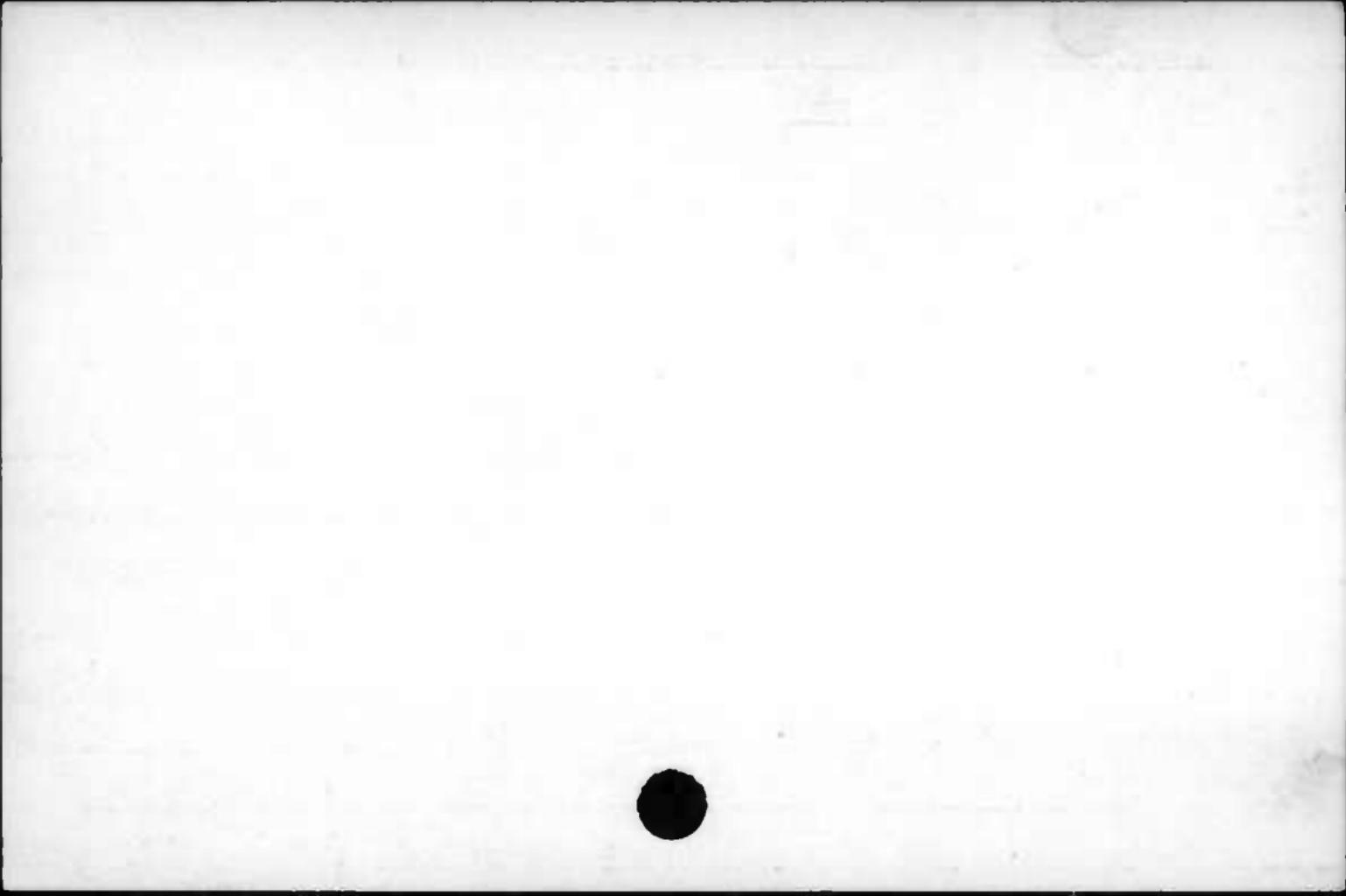
Yes

Signature of
Physician


R. L. S. C. B. M. D.
Church Creek, Md.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Willie H. Brown

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	16	Age	10	
Occupation			Where Residing if not at place of death			
Married Single or Widowed		Name of Wife or Husband				
Father's Name		Igor Brown		Father's Birthplace		
Mother's Maiden Name		Margret E. Pinder		Mother's Birthplace		
Name of person giving information		G. T. Mather		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93)

How long

Two or three days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Had pneumonia
in 3rd fl.
Armenian

Accident or Suicide?



Name
in
Full

Clarence E Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of 1906	5	9	4		
Sex	Color or Race	Birth-place			
Male	Colored	Dorchester			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Camper				
Mother's Maiden Name	Emma Mace				
Name of person giving information	Edward Camper				
- CAUSES OF DEATH -					

Primary

Consumption

How long

3 months

Immediate

21

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER



Name
in
Full

allis armstrong Catter

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Fishing Creek</u> Town		<u>Dor</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>11</u>	Age <u>1</u> Years	Months <u>1</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co</u>			
Occupation <u></u>	Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u></u>				
Father's Name <u>James E. Gattin</u>	Father's Birthplace <u>Dicembre</u>				
Mother's Maiden Name <u>Anna J. Elliott</u>	Mother's Birthplace <u></u>				
Name of person giving information <u>James E. Gattin</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Measles

6

How long

12 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

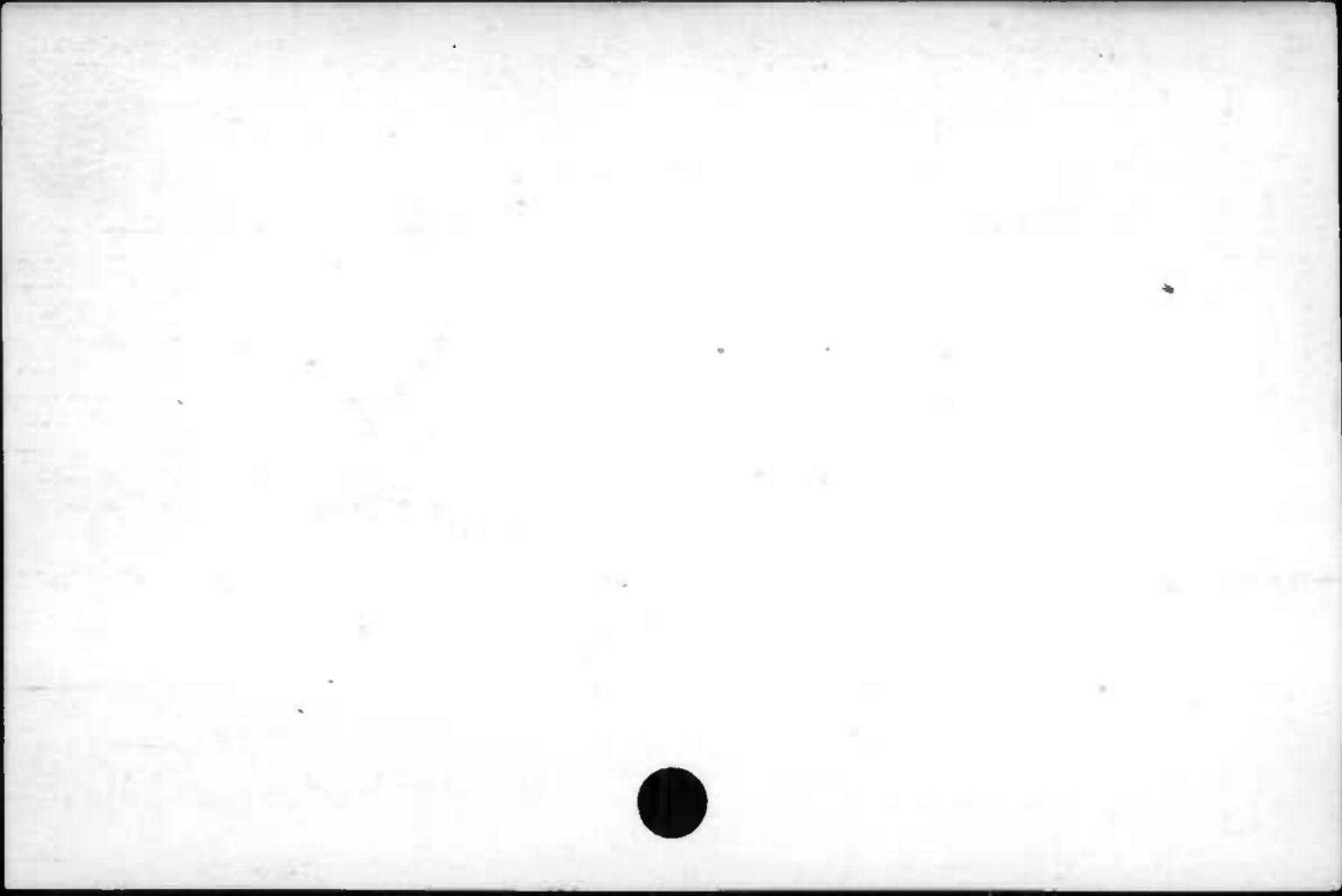
Signature of Physician

W H Houston

Address

Fishing Creek

Accident or Suicide?



Altheus Coleman

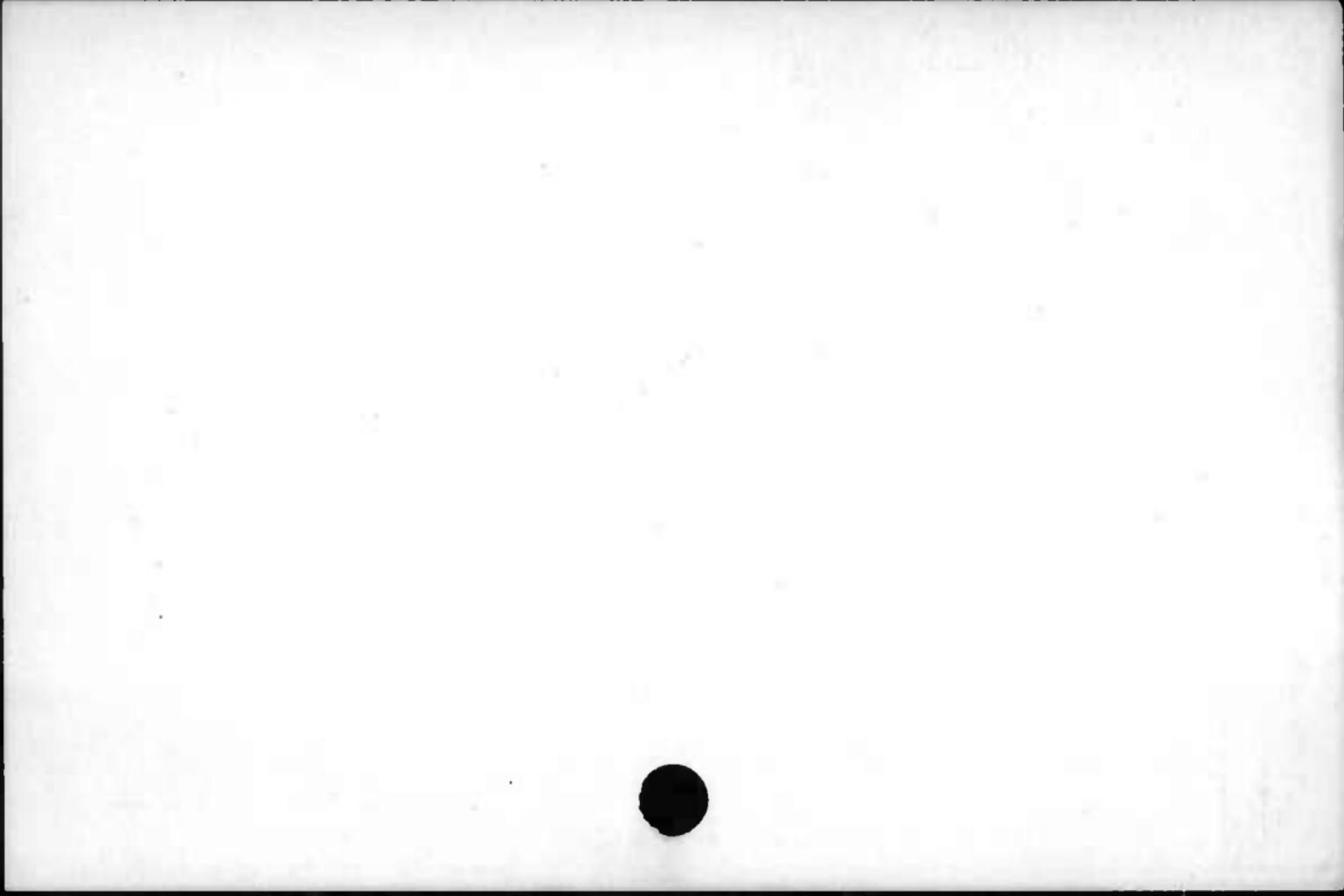
CERTIFICATE OF DEATH

Died at <u>Hurlock</u>		Town	County <u>St. Mary's</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>13</u>	Age <u>6</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>colored</u>			Birth-place <u>Md</u>		
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>Eugene Coleman</u>					
Father's Name <u>Eugene Coleman</u>						Father's Birthplace <u>Md</u>
Mother's Maiden Name <u>Lisie Harris</u>						Mother's Birthplace <u>Md</u>
Name of person giving information <u>Eugene Coleman</u>						How related to deceased <u>Father</u>

CAUSES OF DEATH

Primary Pertussis (8) How longImmediate Pneumonia (8) How longAre the name, age, sex, color, date and place correctly given above? yes Signature of PhysicianO. J. Maguire
Hurlock Md

Accident or Suicide?



Name
in
Full

Geoffrey Coors

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sectary</u>		Town	County <u>Dorchester</u>	MARYLAND		
Date of death <u>190</u>	<u>5</u>	Month <u>23</u>	Day	Years <u>63</u>	Months	
Sex <u>Male</u>	Color of Race <u>White</u>	Age <u>63</u>		Days		
Occupation <u>Brick layer</u>	Where Residing if not at place of death		<u>Germany</u>			
Married, Single or Widowed <u>Yes</u>	Name of Wife <u>Lizzie</u>	<u>Walker Coors</u>		Father's Birthplace	<u>Germany</u>	
Father's Name	<u>John Walker</u>		Mother's Birthplace		<u>Germany</u>	
Mother's Maiden Name <u>Magie Rulea</u>	<u>Walker</u>		How related to deceased		<u>Wife</u>	
Name of person giving information <u>Lizzie Coors</u>			How long		<u>Cancer</u>	
				How long		<u>8 months</u>

CAUSES OF DEATH

(119)

PHYSICIAN
OR CORONER

Primary

Immediate

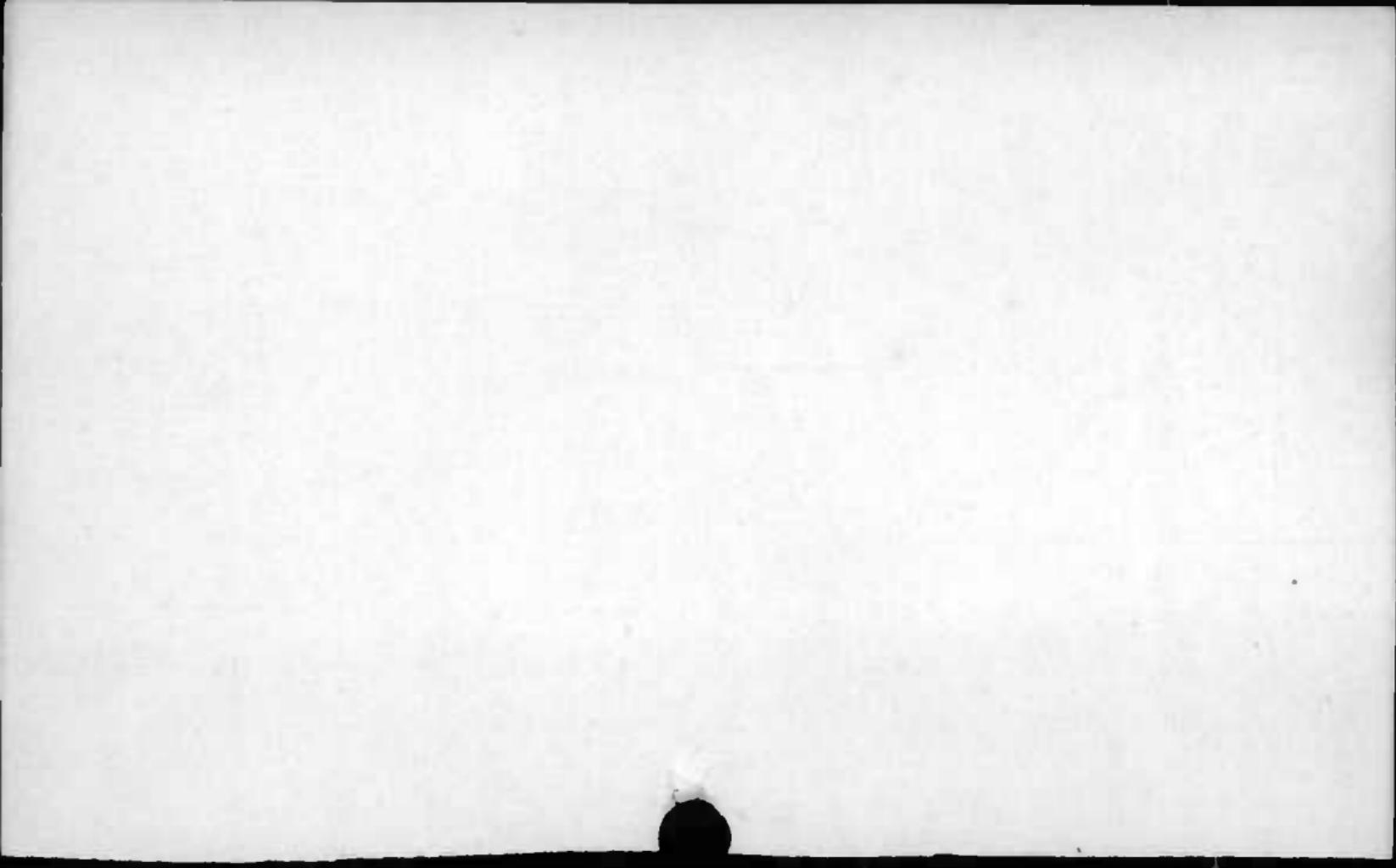
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Sayers
E. Newmarket



Name
in
Full

Maria Cornish

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND					
C Cambridge		Worcester								
Date of death	1906	Month	May	Day	5	Years	89	Months		Days
Sex	Female	Color or Race	Colored		Birth-place	Dr. C. M. M.				
Occupation	—		Where Residing if not at place of death		Cambridge					
Widowed		Name of Wife or Husband	Maria Cornish							
Father's Name	William Bradley				Father's Birthplace	—				
Mother's Maiden Name	Maria Bradley				Mother's Birthplace	—				
Name of person giving information	Jane Fair				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lab Pneumonia - Senility	How long	1 week
Immediate	Ephraim (93)	How long	

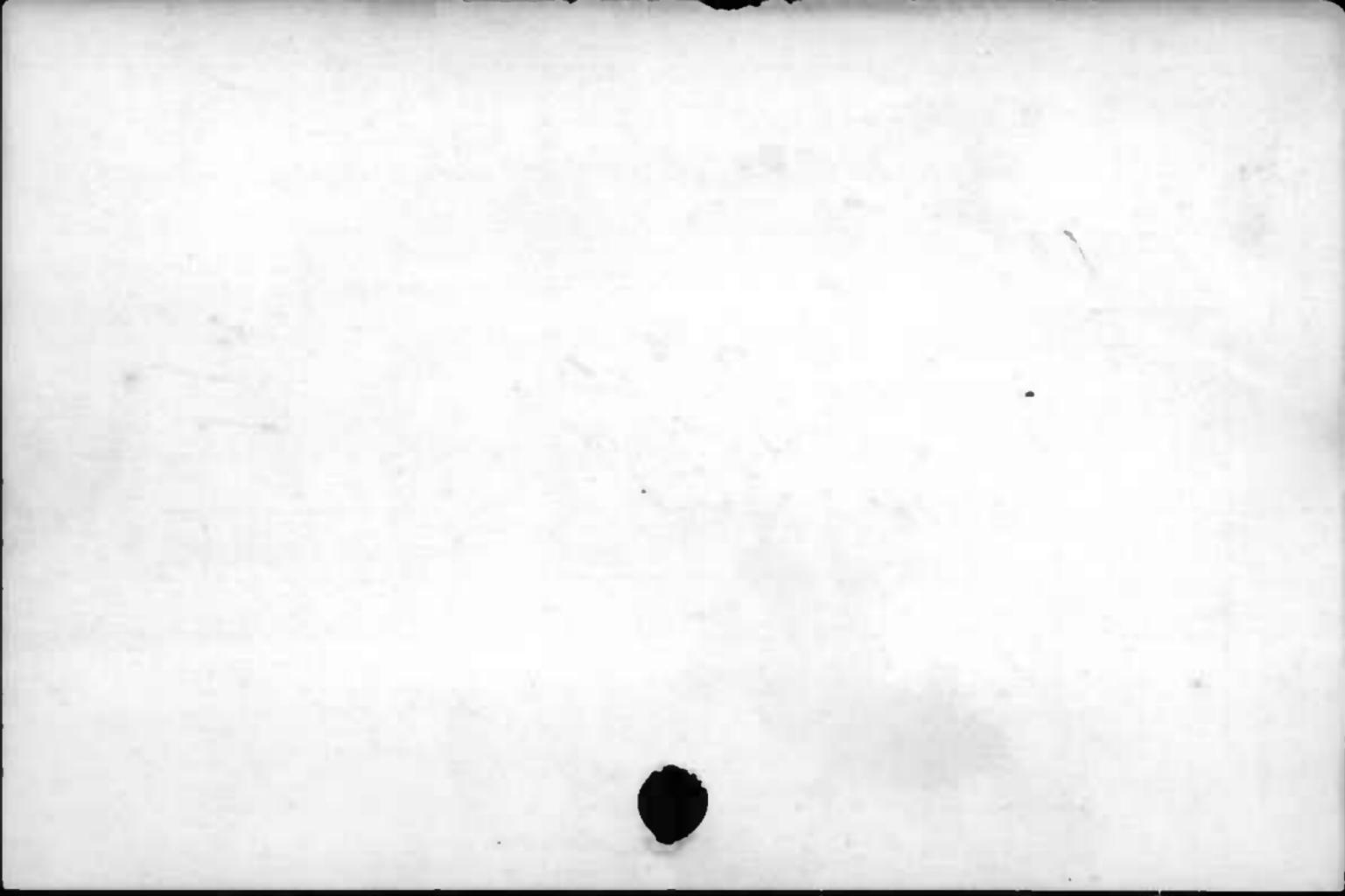
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry Steele
Cambridge Md.

Accident or Suicide?



Annie Davis					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
E. N. Market Md.		Dorchester				
Date of death	Month	Day	Age	Years	Months	Days
1906	May	13	45		9	10
Sex	Female	Color or Race	white	Birth- place		
Occupation	House wife		Where Residing if not at place of death	E. N. Market, Md		
Married, Single or Widowed	married	Name of Wife or Husband	John Davis			
Father's Name	Arthur Wheatley			Father's Birthplace	Dor. Co Md.	
Mother's Maiden Name	Annie Maria Dunn			Mother's Birthplace	Dor Co Md.	
Name of person giving Information	Edgar Davis (W)			How related to deceased	son	
CAUSES OF DEATH						

Primary

Carcinoma

How long

two months

Immediate

Child birth

How long

10 days

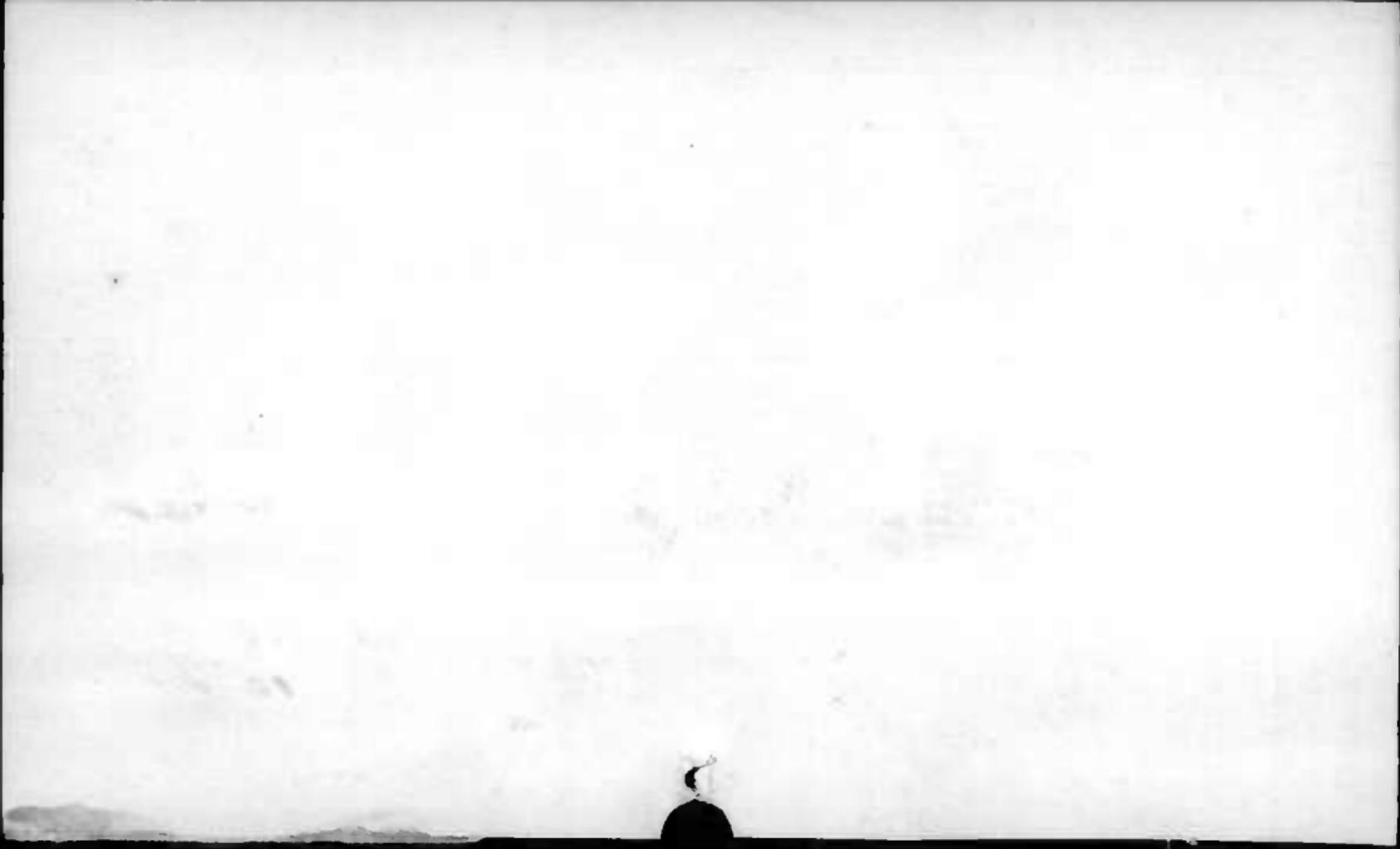
Are the name, age, sex, color, date
and place correctly given above

yes

Signature of
Physician

Edgar Davis

Address



Name
in
Full

Baby Elliott

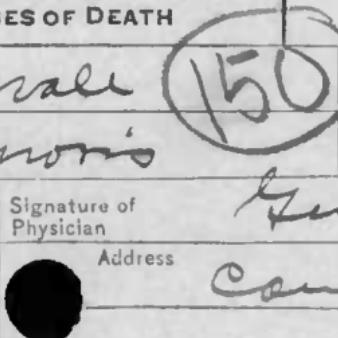
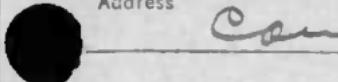
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u>		County <u>Worcester</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>1</u>	Day <u>29</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>7 hours</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>—</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>wife</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Oscar Elliott</u>	Father's Birthplace <u>Ormond</u>					
Mother's Maiden Name <u>Hallie M. Vesper</u>	Mother's Birthplace <u>Ormond</u>					
Name of person giving Information <u>Bellie M. Elliott</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Undone fromen wall</u>	(150)	How long <u>all of life</u>
Immediate <u>Gradual cyanosis</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yrs</u>	Signature of Physician 	Address 
Accident or Suicide?		



Name
In
Full

Mary E. Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Mary E. Hastings
Nellie E. Hastings
John M. Taylor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

no Physician
Wm. F. Goldfarb, Jr.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brodie Adelaide Henry

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Cobin Creek			Dor			
Date of death	1906	Month 5	Day 6	Years 22	Months 3	Days 1
Sex	female	Color or Race	white	Birth-place	Cobin Creek	
Married, Single or Widowed	single	Occupation			none	
Name of Wife or Husband	none					
Father's Name	Wm. Freed Henry			Father's Birthplace	Dor Co	
Mother's Maiden Name	Frances C. Cray			Mother's Birthplace	Dor Co	
Name of person giving information	Brother John Henry			How related to deceased	brother	

CAUSES OF DEATH

Primary

Incomplete Abortion

(34)

How long

6 weeks

Immediate

Pertitonitis

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

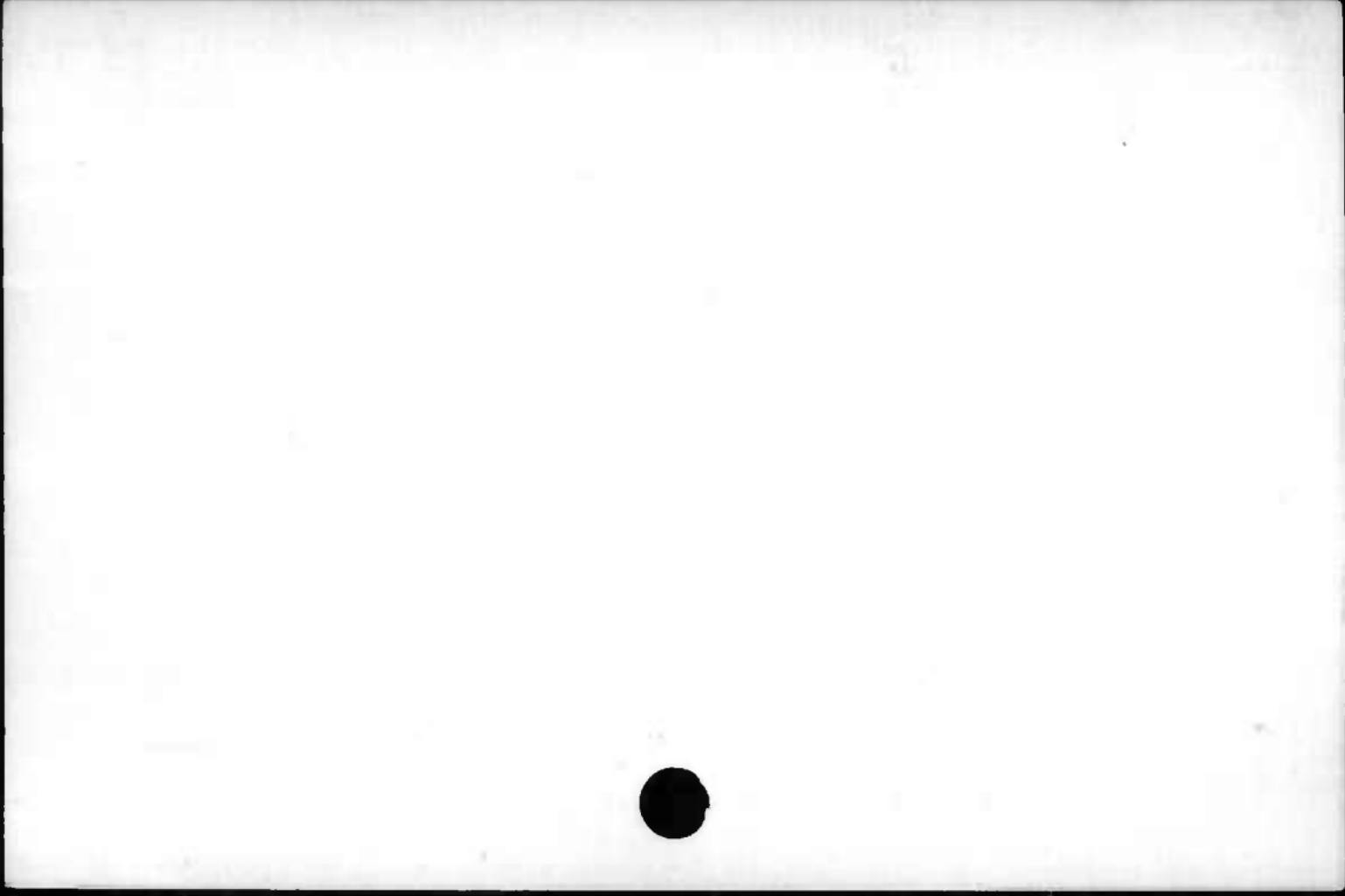
Signature of Physician

G. Roger Myers

Address

Stevens Creek Md

Accident or Suicide?



Name
in
Full

Willie Morris Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Lloyds		Count	MARYLAND		
Date of death	Month	Day	Years	Months	4	Days
1906	May	27	0	4	4	
Sex	Male		Color or Race	Negro		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Alfred Henson					
Mother's Maiden Name	Emma H. Heathcote					
Name of person giving information	Alfred Henson					
Father's Birthplace	Hells Point					
Mother's Birthplace	Lloyds Mill					
How related to deceased	Father					

CAUSES OF DEATH

Primary

Cyanosis (Heart) (150)

How long

Immediate

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

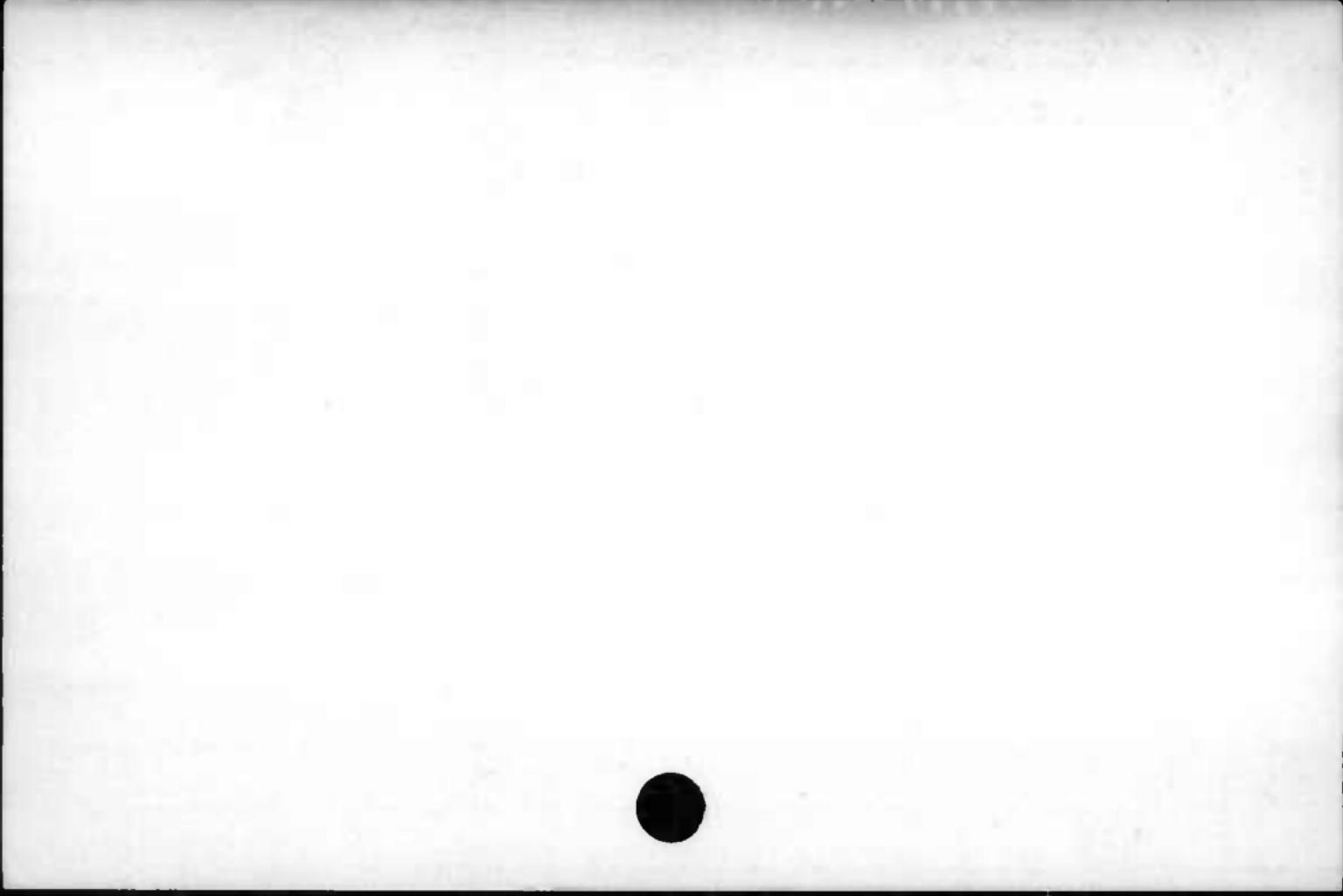
S A Stokes

Address

RFB #5

Accident or Suicide?

Cambridge Md



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

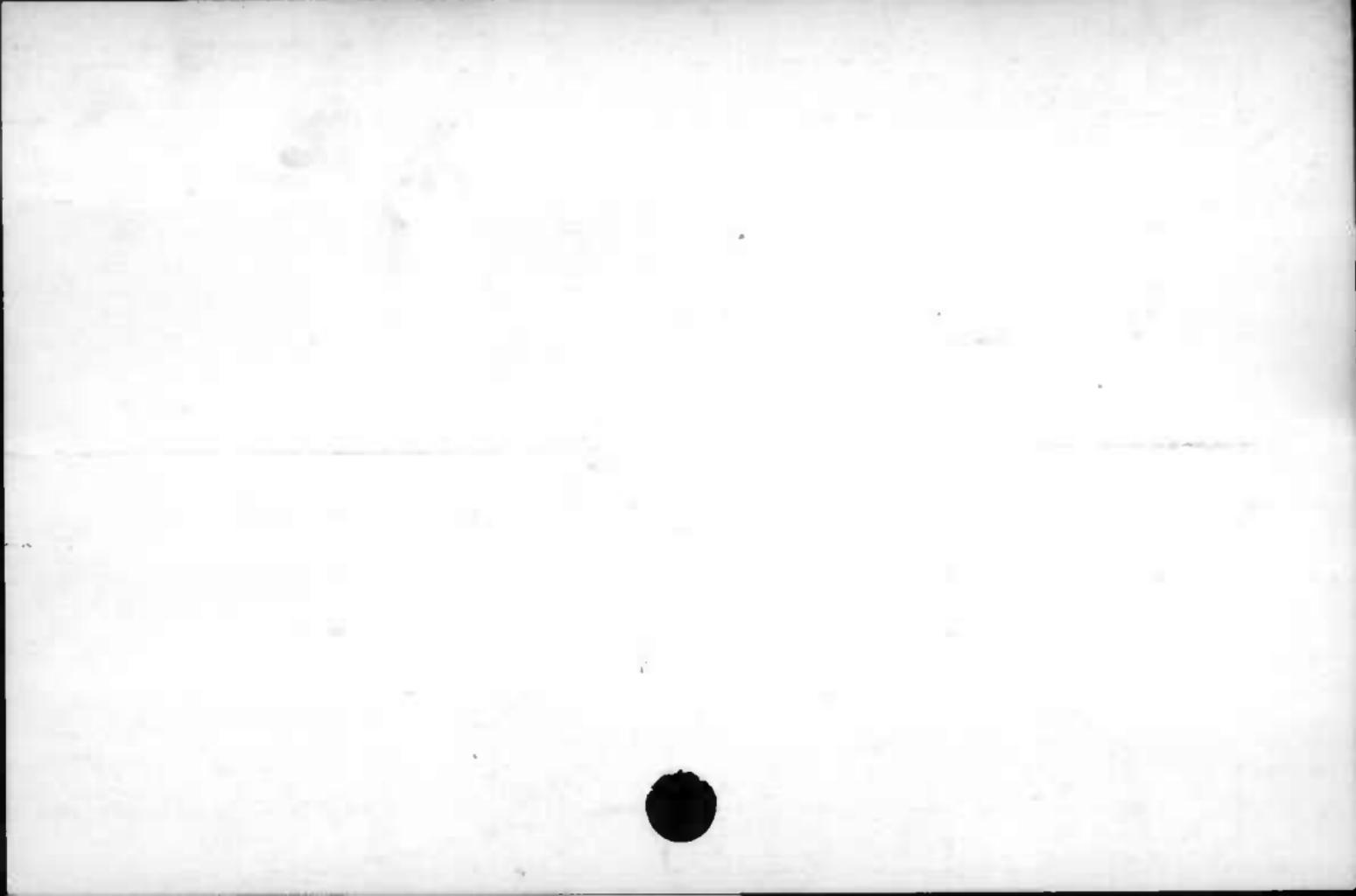
Clinton Horsey.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at Cambridge		Dorchester					
Date of death	1906	Month May	Day 6	Years 46	Months	Days	1
Sex	Male	Color or Race	White	Birth-place	Seaford Del.		
Occupation	Laborer	Where Residing if not at place of death			Seaford Del.		
Married, Single or Widowed	Single	Name of Wife or Husband	X				
Father's Name	Wm B. Horsey.				Seaford		
Mother's Maiden Name	Eliza Horsey				Seaford		
Name of person giving information	Frank B. Bishop				no		

CAUSES OF DEATH

Primary	Alcohol. (10)	How long	12 months
Immediate	Paralysis.	How long	30 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank Bishop
		Address	Cambridge Md
Accident or Suicide?			



Name
in
Full

William Lee Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Applegate	Dorchester	
Date of death	Month	Day	Years
1906	May	5	Age 78
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Oxon Hill	
Father's Name	Marie Lee Lewis		
Mother's Maiden Name	Kittie Lewis		
Name of person giving information	Benjamin Lewis		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

general debility

(154)

How long

3 Weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

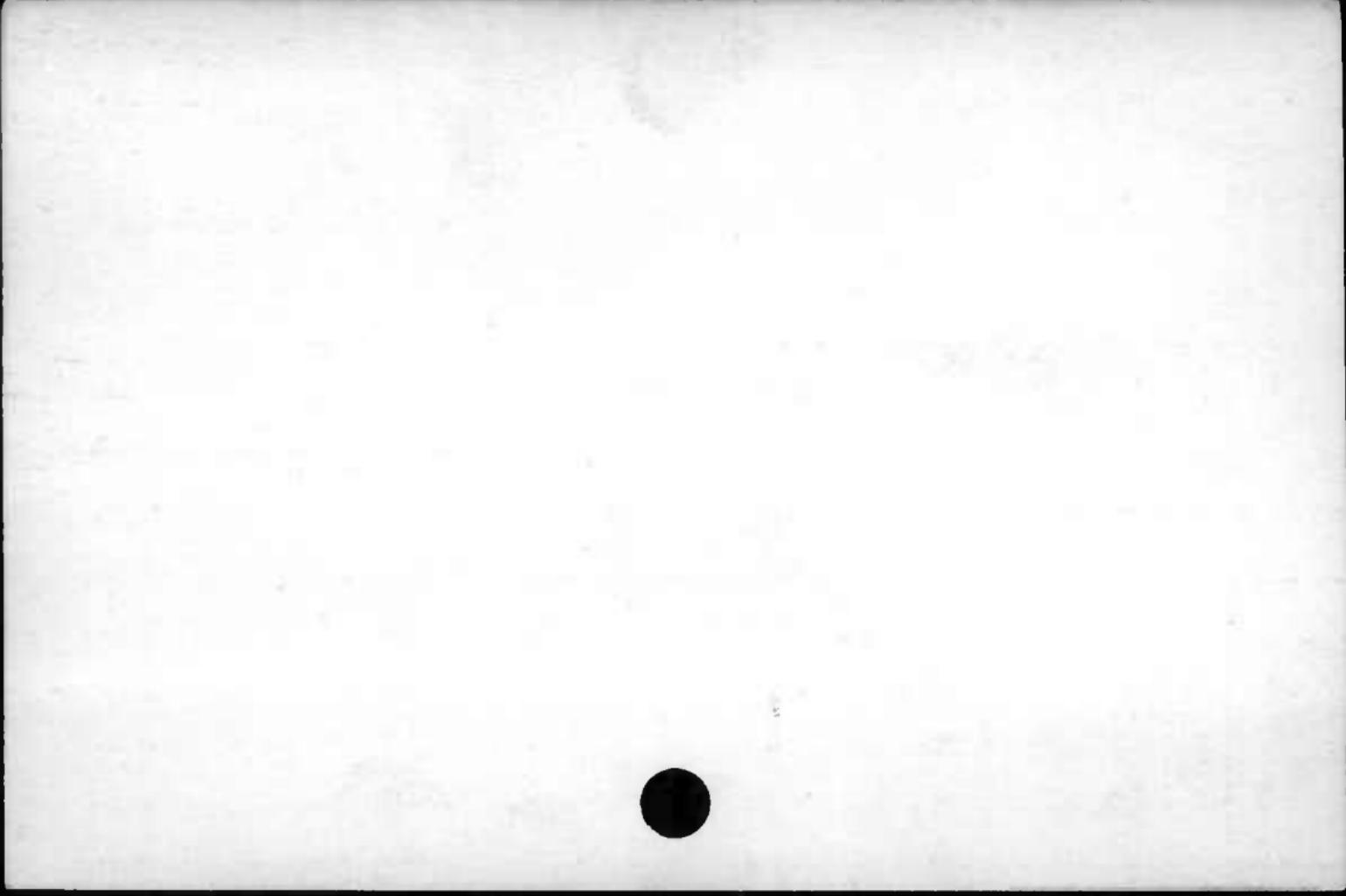
Signature of Physician

Dr W H Houston

Address

Hunting Creek

Accident or Suicide?



Mesnick

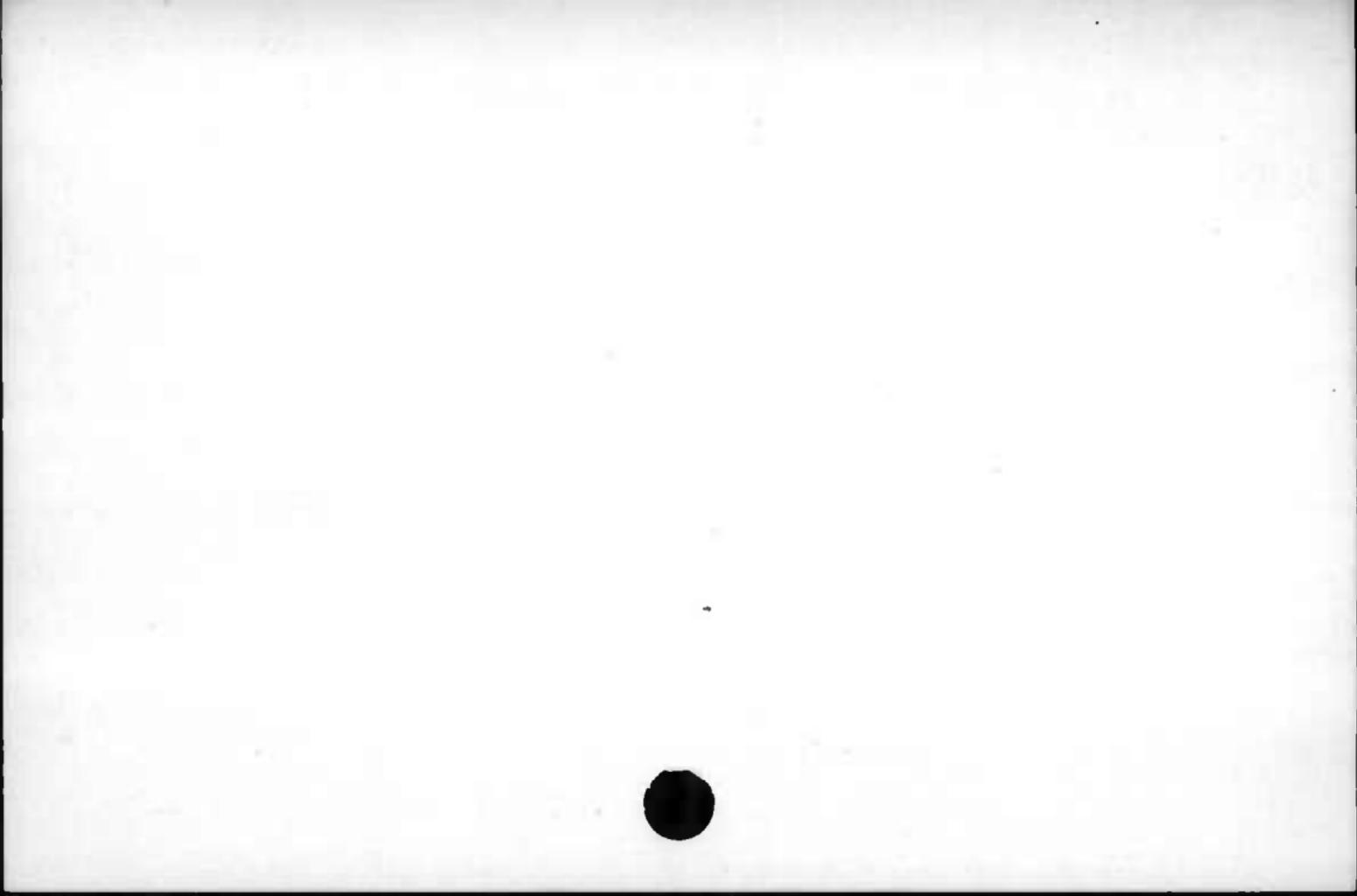
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Cambridge</u>		Town <u>Cambridge</u>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>25</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cambridge Ma</u>					
Occupation			Where Residing if not at place of death				
<u>Married, Single or Widowed</u>		Name of Wife or Husband					
Father's Name <u>C. Bruton Mesnick</u>		Father's Birthplace <u>Dorchester Ma</u>					
Mother's Maiden Name <u>Bessie Reese</u>		Mother's Birthplace <u>Baltimore Ma</u>					
Name of person giving information <u>Bessie Reese</u>		How related to deceased <u>Mother</u>					

CAUSES OF DEATH

Primary	<u>Failure of heart to cease</u>		How long <u>some hours</u>
Immediate	<u>Cyanosis</u>		How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician <u>Bry Golaboway</u>
			Address <u>Cambridge Ma</u>
Accident or Suicide?			



Name
in
Full

Priscilla Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	John E. Moore		
Father's Name	Unknown			
Mother's Maiden Name	Nancy Woodland			
Name of person giving Information	John Moore			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

7 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

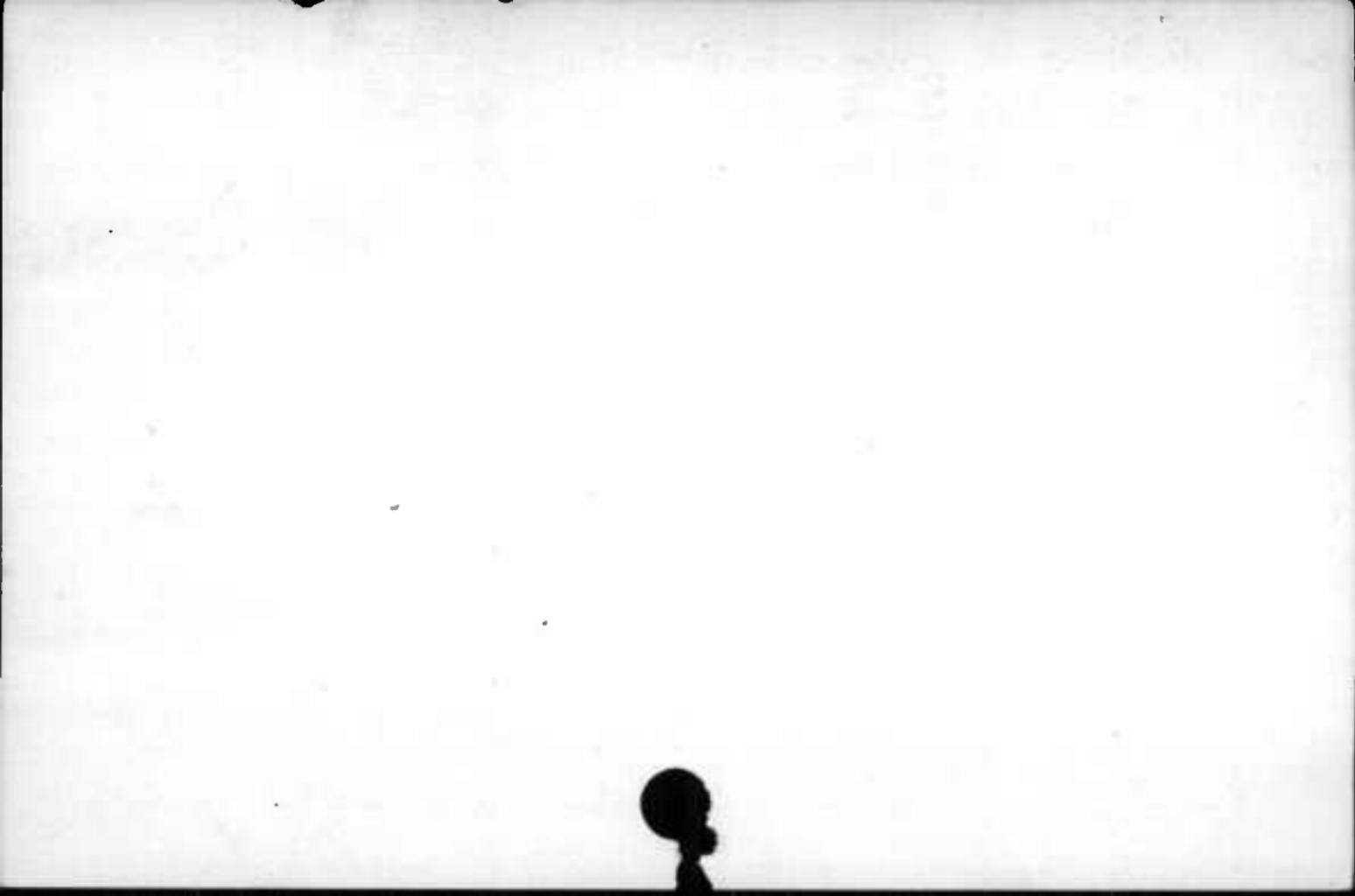
yes

Signature of Physician

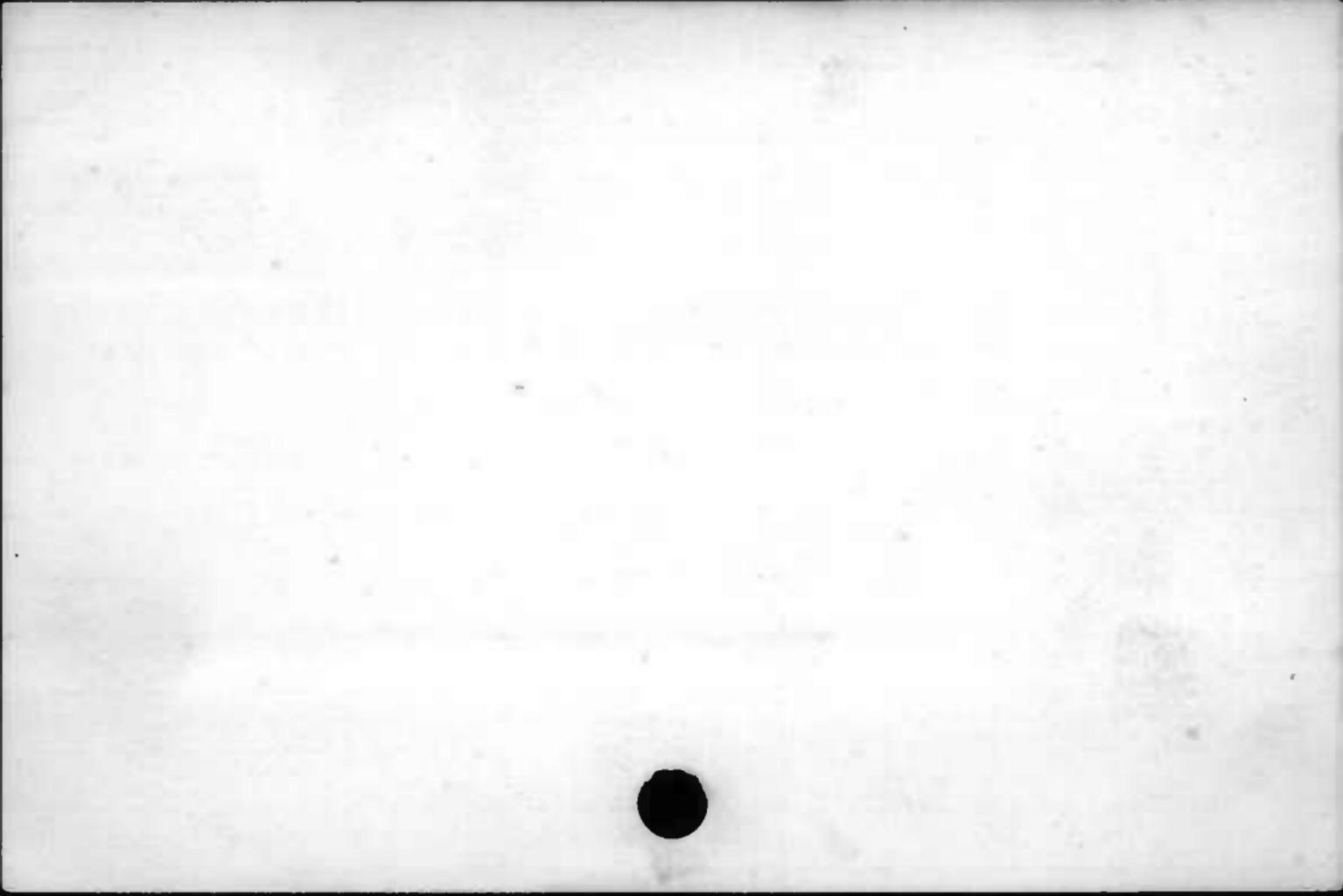
Address

E. A. J. Jones
107 High St. Md

Accident or Suicide?



CERTIFICATE OF DEATH					
Died at <u>near Williamsburg</u>		Town	County	MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>30</u>	Years <u>89</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband				
Father's Name <u>Elisha Phillips</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>				
Name of person giving information <u>James Hughey</u>	How related to deceased <u>179</u> Now				
CAUSES OF DEATH					
Primary	<u>Heart failure from age</u>			How long	<u>—</u>
Immediate	<u>—</u>			How long	<u>4 mo</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address		
<u>Yrs</u>		<u>J. L. Trost</u>	<u>Brenton</u>		
Accident or Suicide?		<u>Md.</u>			



Name
in
Full

John N. Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Wingate</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>2</u>	Age <u>82</u>	Months <u>1</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Margaret Ann Gervis</u>				
Father's Name <u>Abulon Pritchett</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Rachel Bloodworth</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Margaret A. Pritchett</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

Primary

Softening of Brain (65) How long
Exhaustion How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

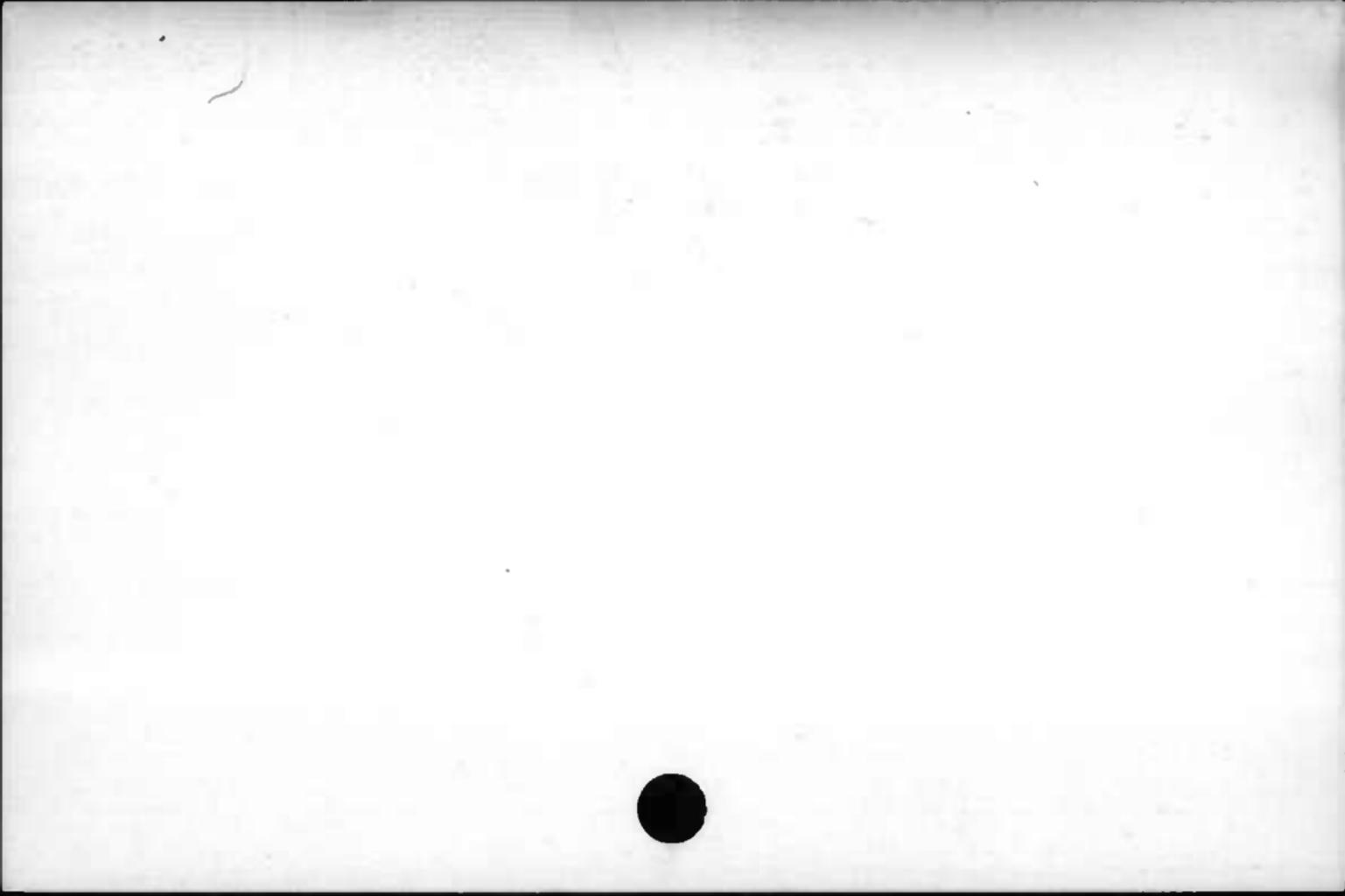
Signature of Physician

E.A. P. Jones

Address

Wingate, Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Hubert Shorler

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1906	Month May	Day 31	Years 60	Months	Days
Sex	American	Color or Race	dark			
Occupation	Farmer		Where Residing if not at place of death over Cambridge			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jared Shorler		Father's Birthplace Dorchester			
Mother's Maiden Name	Susan Paul		Mother's Birthplace Dorchester			
Name of person giving information	Brother		How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burated skull

164

How long

unstable

Immediate

Some

How long

unstable

Are the name, age, sex, color, date and place correctly given above?

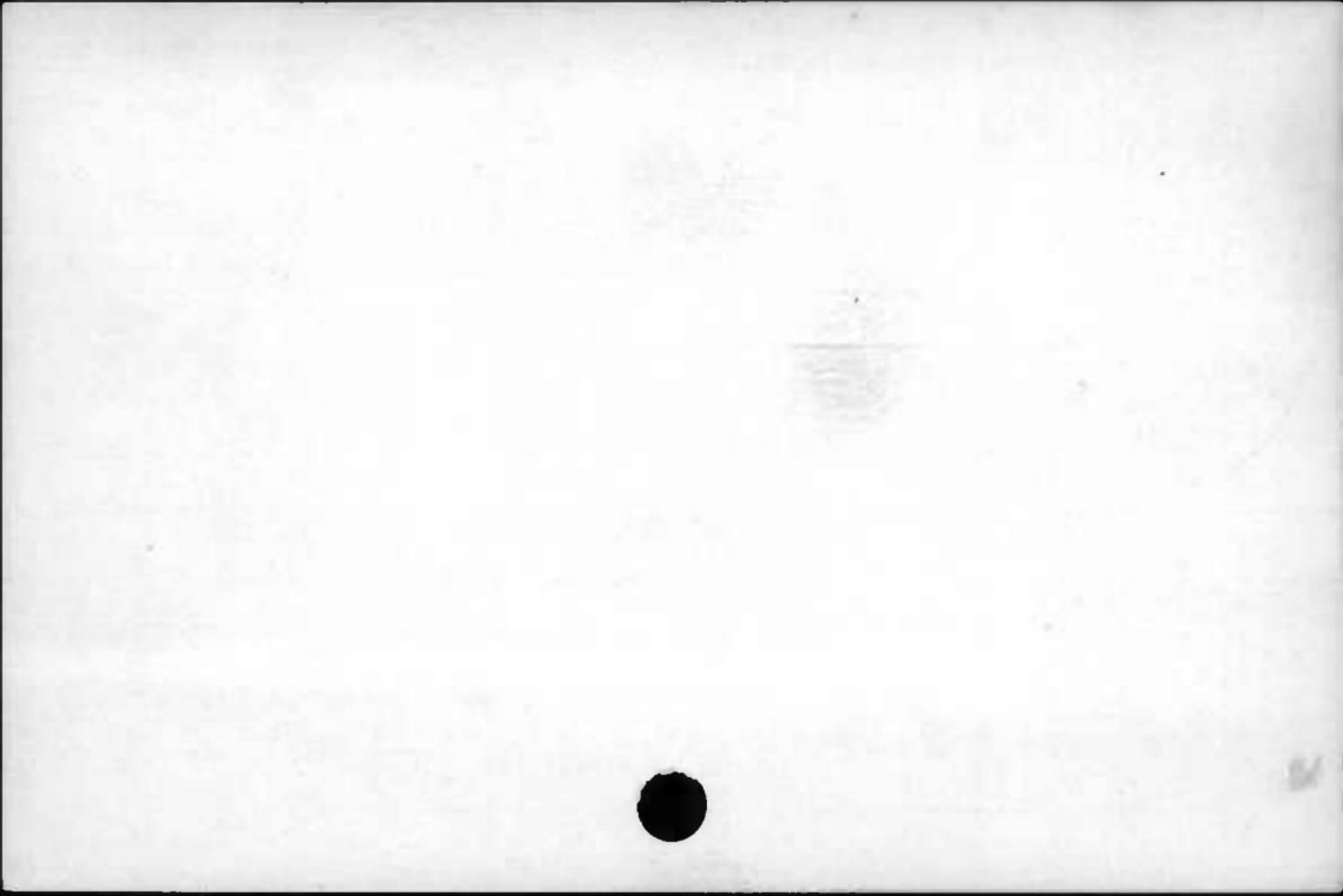
yes

Signature of Physician

John Magee
over Cambridge

Address

Accident or Suicide?



Name
in
Full

Stanley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	May	13	0	1	8
Sex	male	Color or Race	negro	Birth-place	Comerstown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Chas H Stanley				
Mother's Maiden Name	Gertie Hamilton				
Name of person giving information	How related to deceased mother				

CAUSES OF DEATH

Primary	Enter - colitis	(105)	How long	4 days
Immediate	Convulsions		How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

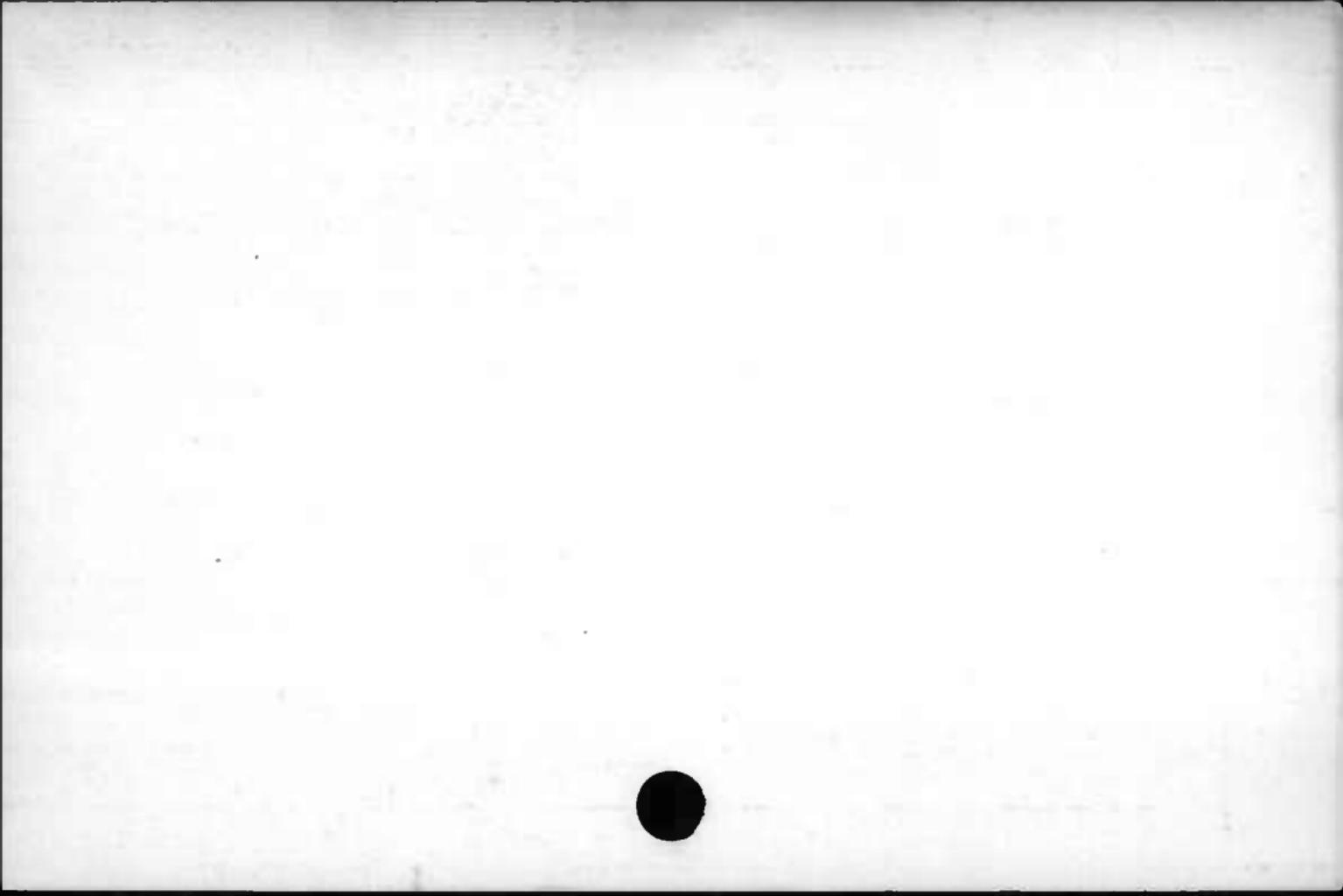
yes

Signature of Physician

S A Stokes M.D.

Address
RFD #5 Cambridge
Md

Accident or Suicide?



Name
in
Full

James Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	May	21	Age 81	5	17
Sex	Male	Color or Race	white	Birth-place	Dr. G. M. M.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of wife or widow				
Father's Name	James Vickers				
Mother's Maiden Name	Sarah Christie				
Name of person giving Information	Mollie Vickers				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

154

How long

2 or 3 years failing

Immediate

Gradual exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs.

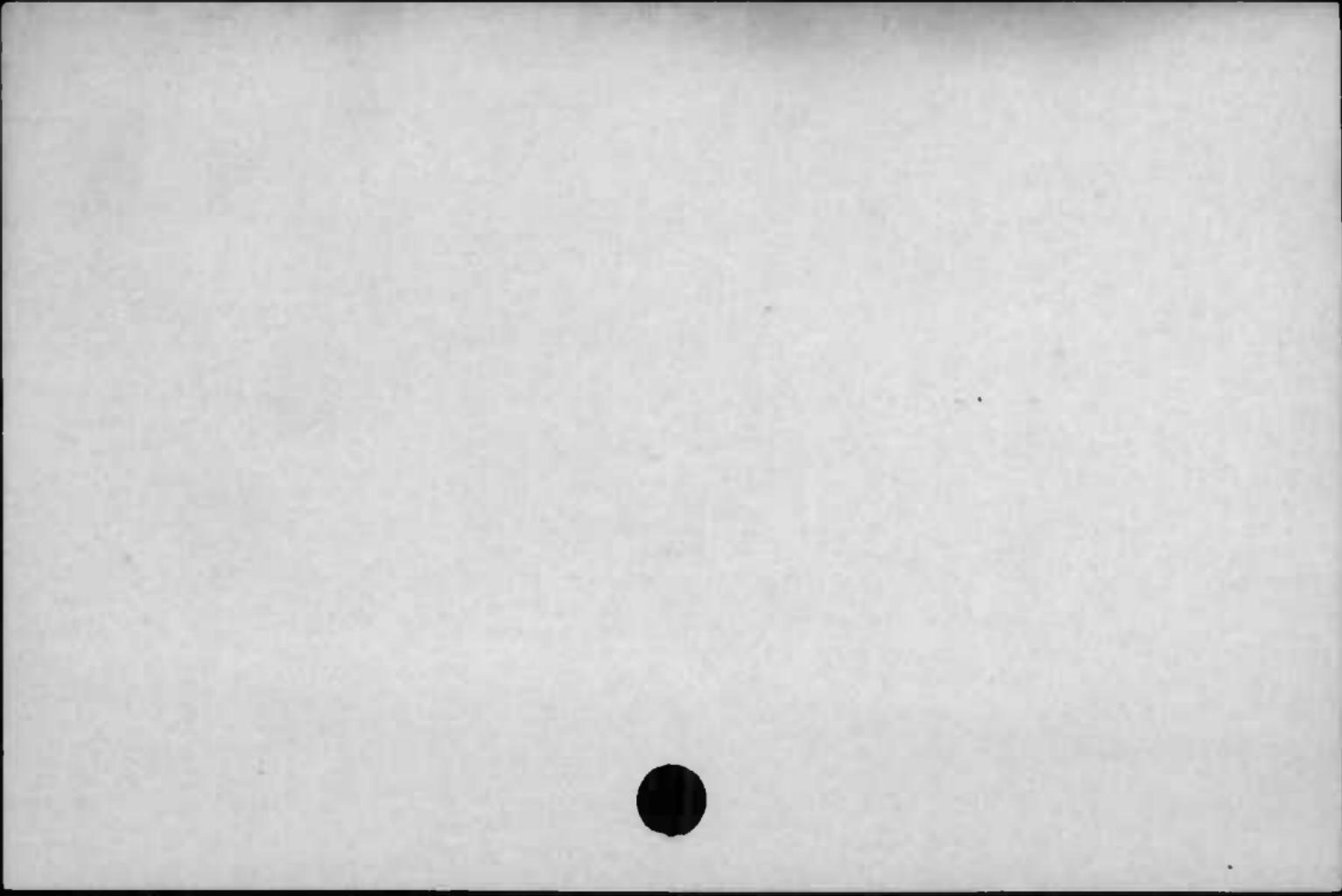
Signature of Physician

Guy Stull

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

Margaret A Wiley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Caulndge

Town

Dorchester

County

MARYLAND

Date
of death

1906

Month

May

Day

12

Years

25

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Dorchester Co Md

Occupation

Working in factory

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
Birthplace

P J. Wiley

Md

Mother's
Maiden NameMother's
Birthplace

Mary A Knott

Md

Name of person giving
InformationHow related
to deceased

Wm J Wiley

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

21

How long

about 18 months

Immediate

Exhaustion

How long

after week

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

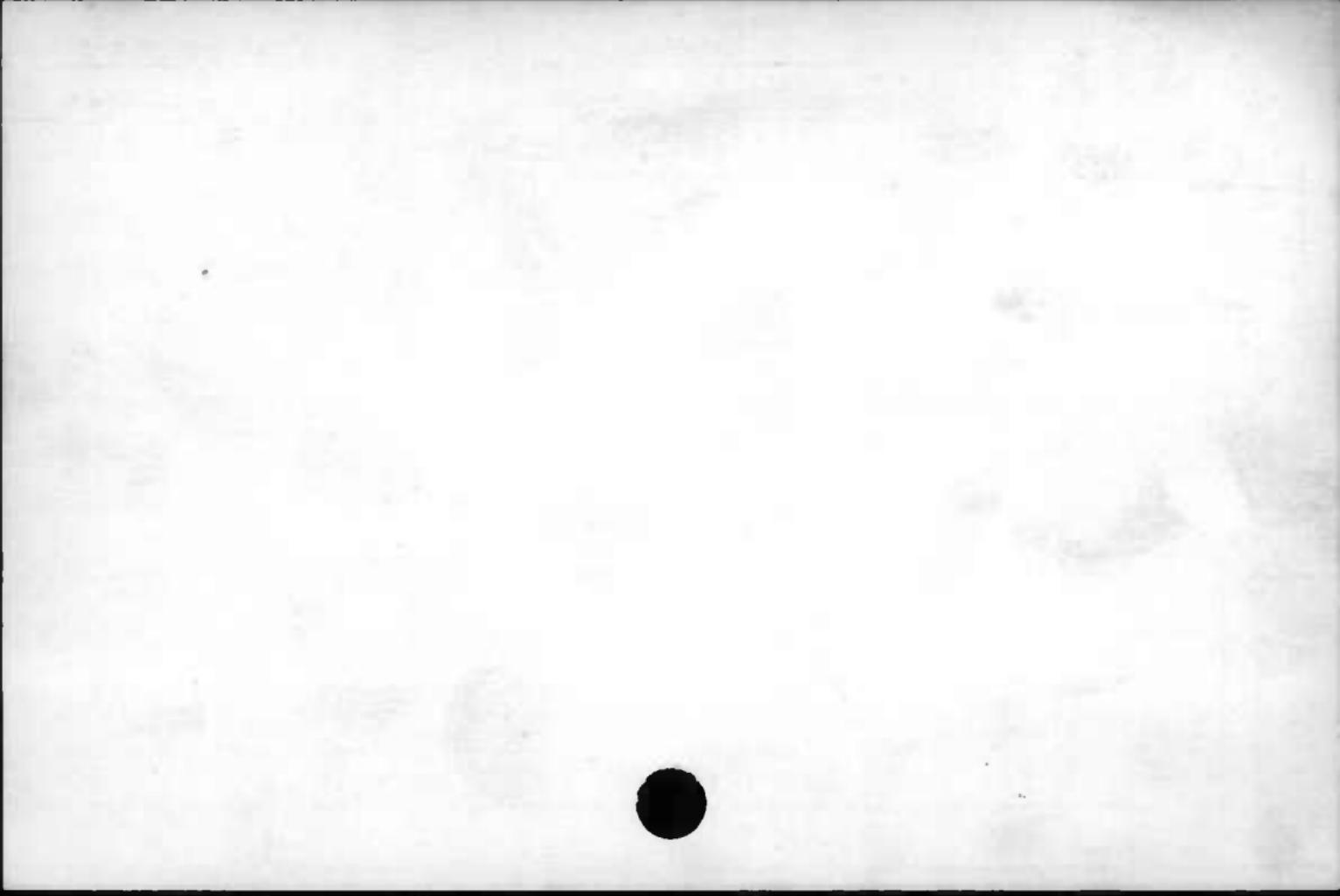
P W Golaboway

Address

Caulndge Ma

120

Accident or Suicide?



Name
in
Full

Mary E. Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Home	
Married, Single or Widowed	Name of Husband	Daniel J. Wilson			
Father's Name				Father's Birthplace	-
Mother's Maiden Name				Mother's Birthplace	-
Name of person giving information	Daniel J. Wilson			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fiberculosis

How long

18 mos

Immediate

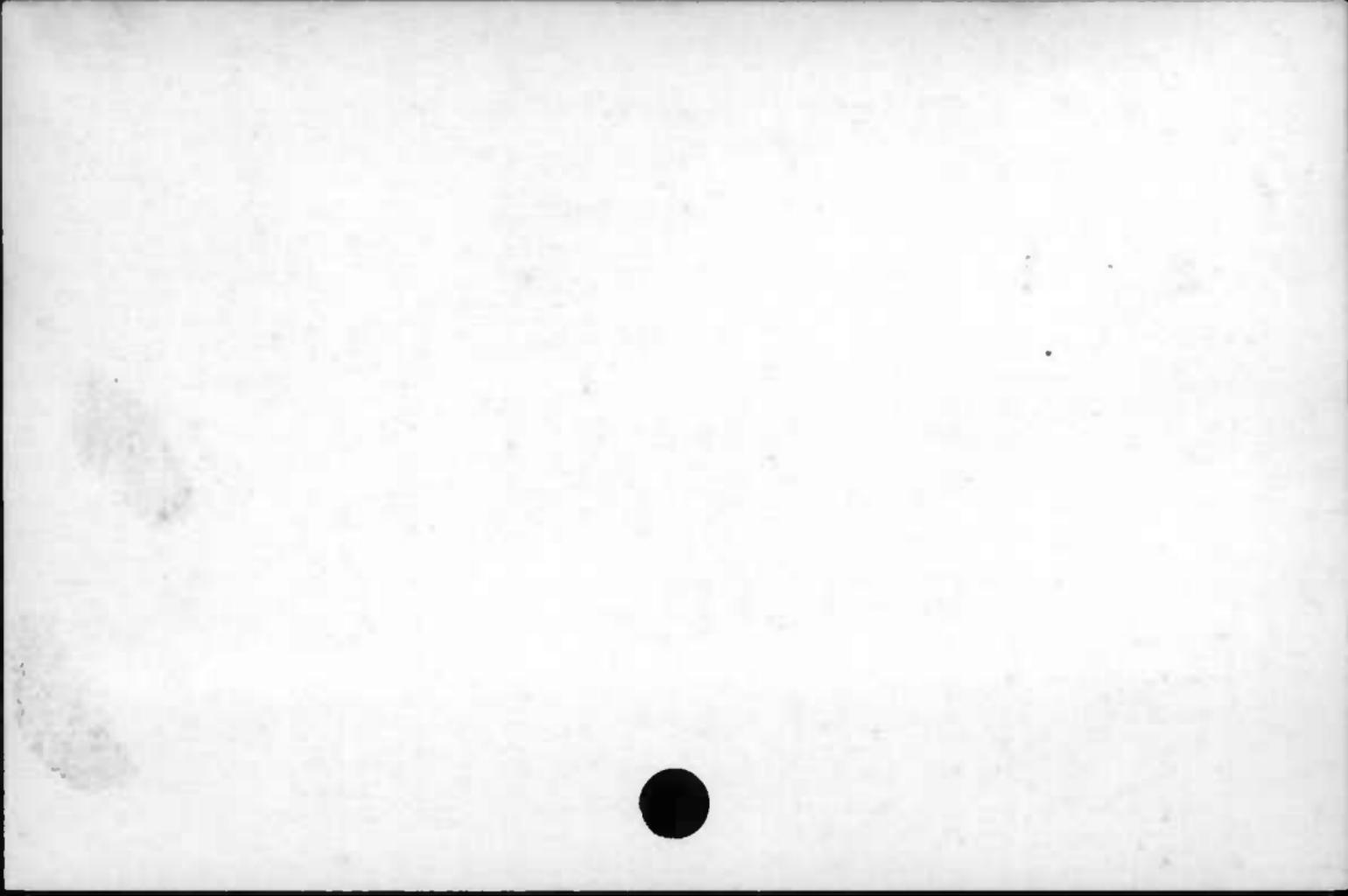
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Le Compte, Harper.
Cambridge, Ma

Accident or Suicide?



Susan Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

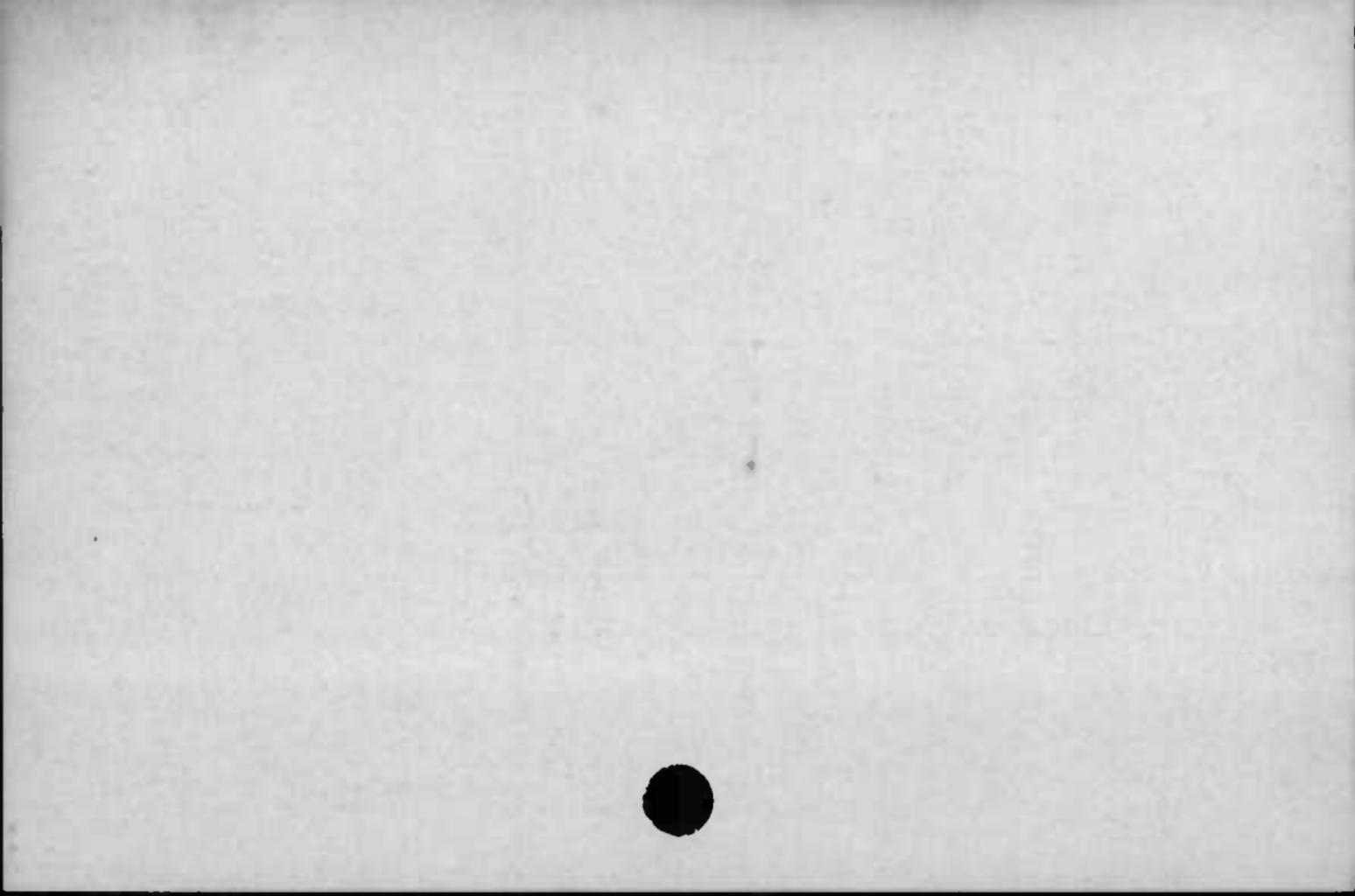
Died at		Town Cambridge	County Worcester	MARYLAND	
Date of death	Month	Day	Age	Years	Months
1906	May	29	35	years	Days
Sex	Female	Color or Race	Columbian		Birth-place
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name or Wife or Husband	Wm. Wilson		
Father's Name	Wm. Sanders		Father's Birthplace	Wm. Co. Md.	
Mother's Name	Rebecca Sanders		Mother's Birthplace	Wm. Co. Md.	
Name of person giving information	Amy Escott		How related to deceased	Cousin	
(34)					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hyperemesis Gravidarum		How long	3 1/2 months
Immediate	Surgical shock following delivery of baby		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Amy Escott	
		Address	Cambridge Md.	

Accident or Suicide?



Name
in
Full

Samuel Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Wright				
Mother's Maiden Name	Do not know				
Name of person giving information	Mary Wright				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis



How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Abbey's
8 M. Market

Accident or Suicide?

